

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE EASTERN DISTRICT OF VIRGINIA
3 NORFOLK DIVISION

4 DARLA GRESE, Administrator)
5 of the Estate of KELLY)
6 MARIE GRESE, deceased,)
7)
8 Plaintiff,) CIVIL ACTION
9 v.) No.: 2:12cv57
10)
11 UNITED STATES OF AMERICA,)
12)
13 Defendant.)

14 DEPOSITION UPON ORAL EXAMINATION OF
15 DR. THOMAS TSAO
16 TAKEN ON BEHALF OF THE DEFENDANT

17 Virginia Beach, Virginia
18 Thursday, September 20, 2012
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1 psychopharmacology?

2 A. Yes, Stahl's textbook that I already
3 referred to.

4 Q. Do you recognize the Textbook of
5 Psychopharmacology by The American Psychiatric
6 Publishing Company?

7 A. I think that's Stahl's book, actually.

8 Q. Ah.

9 A. Or he's the major contributor to it.

10 Q. And how about Goodman & Gilman's
11 The Pharmacological Basis of Therapeutics?

12 A. I didn't consult that one, no.

13 Q. Doctor, your report that is Exhibit 1 is
14 on the letterhead of Atlantic Psychiatric Services.

15 A. That's correct.

16 Q. Is that a corporation, partnership,
17 limited liability corporation?

18 A. I think it's -- it is -- well, I guess
19 it's an LLC. I'm not sure. I founded the practice in
20 1982, but I have since stepped down as managing partner.
21 I've been out about five years now.

22 Q. Who is the managing partner now?

23 A. William Yetter.

24 Q. For purposes of this deposition, I'm
25 going to refer to the other physicians in your practice

1 Q. Does she say anything more than this; as,
2 for instance, how to limit means? Does she say that?

3 A. No, she doesn't say.

4 Q. And does she say anything about develop
5 crisis management plan? Does she say how that was going
6 to be done?

7 A. No.

8 Q. Did she say how she was going to decrease
9 anxiety and agitation?

10 A. No. I suspect she may have been more or
11 less a scribe or the charge nurse in her treatment and
12 was just documenting what was discussed about the
13 treatment of Miss Grese.

14 Q. Is that because physicians usually don't
15 adopt nurses' treatment plans ab initio?

16 A. I don't understand the question.

17 Q. I say -- let me rephrase it.

18 In the practice of psychiatry, is it
19 customary for the psychiatrist to adopt the nurse's
20 treatment plan?

21 A. No. It's customary for the psychiatrist
22 and the treatment team to talk about what should be a
23 treatment plan for a specific or individual patient and
24 then, as I'm trying to point out, it's usually the nurse
25 that is sort of the scribe or the person who writes it

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1 down.

2 So I suspect that La Barbara Williams'
3 notation in the Virginia -- Veterans Administration's
4 medical record was basically a synopsis of what was
5 discussed between members of the treatment team, and
6 that was to limit means, develop a crisis management
7 plan, decrease anxiety and agitation. That would mean
8 that there would be different aspects of the treatment
9 team that would develop different parts of these
10 recommendations. Decrease anxiety and agitation would
11 be certain treatment interventions like, you know, DBT
12 treatment --

13 Q. All of this is stuff she did not say; is
14 that correct?

15 A. Who did not say?

16 Q. La Barbara Williams, the one you're
17 quoting.

18 A. Right. She just said, "Limit means,
19 develop crisis management plan, decrease anxiety and
20 agitation." That's all she said.

21 Q. The rest is what you read into those
22 words.

23 A. That comes from experience and having run
24 psychiatric hospitals and done treatment teams.

25 I suspect the VA psychiatrist would say